# Older Individuals who are Blind Technical Assistance and Training Center (OIB-TAC)

Intensive Technical Assistance Application

Intensive technical assistance for Independent Living Services for Older Individuals who are Blind is available to designated state agencies at no charge. These services are provided through a grant from the Rehabilitation Services Administration to the National Research and Training Center on Blindness and Low Vision at Mississippi State University. **For questions, please contact Kendra Farrow, OIB-TAC Project Director, at** [**kfarrow@colled.msstate**](mailto:kfarrow@colled.msstate)**.edu.**

Technical assistance is individualized, and goals are set by the designated state agency in collaboration with the Older Individuals who are Blind Technical Assistance and Training Center (OIB-TAC). Available technical assistance focuses on four topic areas:

1. Community outreach methods and strategies to identify potential recipients of services.
2. Promising practices based on “promising evidence” as defined in (34 CFR 77.1), including the development and dissemination of relevant materials to facilitate the delivery of high-quality services.
3. Program performance, including data reporting and analysis
4. Financial and management practices, including practices to ensure compliance with grant administration requirements.

Agencies interested in receiving intensive training and technical assistance are asked to complete this application and provide the documents listed.

Time requirements for intensive technical assistance include:

1. Approximately two days to attend scheduled meetings during one in-person site visit or virtual event.
2. Four to six, one-hour virtual meetings before technical assistance site visit to gather relevant information about the agency, needs, and goals.
3. Follow-up monthly virtual meetings to monitor goal progress and provide technical assistance, following the site visit, held until intensive technical assistance is completed not to exceed 12 months following the setting of goals.
4. Completion of an agency self assessment, which may require input from multiple team members in administration, fiscal management, personnel, and service delivery.
5. Completion of an OIB-TAC facilitated SWOT analysis.
6. Coordination to meet with local stake-holders, including referring organizations and potential referral sources, contractors, and direct service staff for discussion groups.

Optional:

1. If requested, additional virtual meetings to plan and participate in virtual training.

Note that some agencies may choose to have multiple team members attend virtual meetings and site visits. We welcome up to five agency staff to participate, although the OIB program manager is the only regularly required participant.

By submitting this application, you acknowledge your commitment to having the OIB program manager and agency administrators commit to the intensive technical assistance process, including a site visit, virtual meetings, providing relevant documents, and follow-up for up to one year.

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB Program Manager (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of OIB Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Administrator of Blind Services (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has the OIB Program Manager been in this position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What outcomes do you hope to have as a result of receiving intensive technical assistance from the OIB-TAC?

Do you anticipate any barriers to full participation in the intensive technical assistance process? If yes, what and how can we help?

**Documents Requested**:

1. Letter of Request/Commitment from State Vocational Rehabilitation Director
2. Letter of Request/Commitment from OIB Program Manager
3. Organizational chart or text description of agency’s organization
4. If contracting a majority of services a copy of the current contract.
5. If existing, any Policy or procedure manuals used specifically for the OIB program.
6. If available, the most recent Program Evaluation Report

**Email the application and documents to the OIB-TAC project director Kendra Farrow at** [**kfarrow@colled.msstate.edu**](mailto:kfarrow@colled.msstate.edu)**.**

**Once your application is received, the OIB-TAC staff will be in contact to set up a Memorandum of Understanding with your agency.**